

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No.: 0938-

State: MINNESOTA

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of
42 CFR Part 435, Subpart J for processing
applications, determining eligibility, and
furnishing Medicaid.

TN No. 91-28

supersedes

Approval Date 1-29-92Effective Date 10-01-91TN No. 75-52

K2.

HCFA ID: 7982E

OFFICIAL

11

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No.: 0938-

State: MINNESOTA

Citation

- 42 CFR 2.1(b)(1) Except as provided in items 2.1(b)(2) and (3)
435.914 below, individuals are entitled to Medicaid
1902(a)(34) services under the plan during the three
of the Act months preceding the month of application, if
they were, or on application would have been,
eligible. The effective date of prospective
and retroactive eligibility is specified in
ATTACHMENT 2.6-A.
- 1902(e)(8) and (2) For individuals who are eligible for Medicaid
1905(a) of the cost sharing expenses as qualified Medicare
Act beneficiaries under section 1902(a)(10)(E)(i)
of the Act, coverage is available for services
furnished after the end of the month in which
the individual is first determined to be a
qualified Medicare beneficiary.
ATTACHMENT 2.6-A specifies the requirements
for determination of eligibility for this
group.
- 1902(a)(47) and ☒ (3) Pregnant women are entitled to ambulatory
1920 of the Act prenatal care under the plan during a
presumptive eligibility period in accordance
with section 1920 of the Act.
ATTACHMENT 2.6-A specifies the requirements
for determination of eligibility for this
group.
- 42 CFR 2.1(c) The Medicaid agency elects to enter into a risk
434.20 contract with an HMO that is--
- ☒ Qualified under title XIII of the Public Health
Service Act or is provisionally qualified as an
HMO pursuant to section 1903(m)(3) of the Social
Security Act.
- ☒ Not Federally qualified, but meets the
requirements of 42 CFR 434.20(c) and is defined
in ATTACHMENT 2.1-A.
- ☐ Not applicable.

TN No. 91-28

persedes

Ad No. 89-50

Approval Date 1-29-92

k.2,

Effective Date 10-01-91

HCFA ID: 7982E

State/Territory: MINNESOTA

Citation

1902(a)(55) of the Act 2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in § 1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the AFDC form except as permitted by HCFA instructions.

00001

TN No. 91-13

Supersedes TN No. 86-5

Approval Date: 10-22-91 Effective Date: 10-01-91

HCFA ID: 7985E